

**YORK COUNTY PUBLIC LIBRARY  
YORKTOWN, VIRGINIA  
TEEN VOLUNTEER APPLICATION FORM**

Thank you for your interest in working as a volunteer at the library. Please complete this form and return it to the ***Children's Department*** at ***Tabb***. In which location would you like to volunteer?

\_\_\_\_\_ Tabb Library

\_\_\_\_\_ Yorktown Library

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Present School \_\_\_\_\_ Age \_\_\_\_\_

Work Experience (include volunteer experience) \_\_\_\_\_

Special Interests/Skills \_\_\_\_\_

Why are you interested in volunteering at the library? \_\_\_\_\_

Will you be transported to or from work by anyone other than parents or self? \_\_\_\_\_

If so, please give name and

Phone #. \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have any physical or medical condition of which we should be aware? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Please check two slots that you would be willing to work (Choice A & Choice B).

Time	Monday	Tuesday	Wednesday	Thursday	Friday
10:00-12:00					
12:00-2:00					
2:00-4:00					
4:00-6:00					
6:00-8:00					XXXXXX

Other: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_